County: Milwaukee CAMEO CARE CENTER 5790 SOUTH 27TH STREET

0700 SOUTH 27TH STREET				
MI LWAUKEE 53221	Phone: (414) 282-1300		Ownershi p:	Corporati on
Operated from 1/1 To 12	/31 Days of Operation:	365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction wi	th Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and	Staffed (12/31/01):	112	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capaci	ty (12/31/01):	112	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12	/31/01:	99	Average Daily Census:	103

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	44. 4
Supp. Home Care-Personal Care	No			J <u></u>		1 - 4 Years	42. 4
Supp. Home Care-Household Services		Developmental Disabilities	0. 0	Under 65	13. 1	More Than 4 Years	13. 1
Day Services	No	Mental Illness (Org./Psy)	13. 1	65 - 74	15. 2		
Respite Care	No	Mental Illness (Other)	9. 1	75 - 84	34. 3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	1. 0	85 - 94	35. 4	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 0	95 & 0ver	2. 0	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0. 0	İ	ĺ	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	9. 1		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	13. 1	65 & 0ver	86. 9		
Transportati on	No	Cerebrovascul ar	2. 0			RNs	7. 3
Referral Service	No	Di abetes	2. 0	Sex	% j	LPNs	10. 2
Other Services	No	Respi ratory	7. 1		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	43. 4	Male	23. 2	Aides, & Orderlies	43. 5
Mentally Ill	No			Femal e	76.8		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19		0ther		Pri vate Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	5	6. 4	124	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	5	5. 1
Skilled Care	12	100. 0	316	70	89. 7	106	0	0.0	0	9	100.0	158	0	0.0	0	0	0.0	0	91	91. 9
Intermedi ate				3	3.8	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		78	100.0		0	0.0		9	100.0		0	0.0		0	0.0		99	100. 0

County: Milwaukee CAMEO CARE CENTER

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Conditions	, Servi ce	s, and Activities as of 12/	31/01
		[% Ne	edi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	3. 5	Daily Living (ADL)	Independent	One Or '	Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	1.8	Bathi ng	16. 2	5	4. 5	29. 3	99
Other Nursing Homes	8.8	Dressi ng	21. 2	5	2. 5	26. 3	99
Acute Care Hospitals	82. 9	Transferring	39. 4	3	4. 3	26. 3	99
Psych. HospMR/DD Facilities	0.0	Toilet Use	32. 3		3. 3	34. 3	99
Rehabilitation Hospitals	0.0	Eating	60. 6	2	3. 2	16. 2	99
Other Locations	2. 9	*************	******	*****	*****	********	*****
Total Number of Admissions	170	Continence			ecial Trea		%
Percent Discharges To:		Indwelling Or Externa				Respiratory Care	6. 1
Private Home/No Home Health	10. 3	0cc/Freq. Incontinent				Tracheostomy Care	0.0
Private Home/With Home Health	5. 7	0cc/Freq. Incontinent	of Bowel			Sucti oni ng	0.0
Other Nursing Homes	6. 3					Ostomy Care	3. 0
Acute Care Hospitals	47. 4	Mobility				Tube Feeding	9. 1
Psych. HospMR/DD Facilities	0. 0	Physically Restrained	ł	1. 0	Recei vi ng	Mechanically Altered Diets	30. 3
Rehabilitation Hospitals	0. 0	J		_			
Other Locations	5. 1	Ski n Care				ent Characteristics	
Deaths	25. 1	With Pressure Sores				nce Directives	100. 0
Total Number of Discharges		With Rashes			di cati ons		
(Including Deaths)	175]	Recei vi ng	Psychoactive Drugs	71. 7

************************************ Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility	Ownershi p: Propri etary Peer Group		100	Si ze: - 199 Group	Ski	ensure: lled Group	Al l Faci l	l lities	
	%	%	% Ratio		% Ratio		Ratio	%	Rati o	
Occupancy Rate: Average Daily Census/Licensed Beds	92. 0	77. 1	1. 19	85. 7	1. 07	82. 7	1. 11	84. 6	1. 09	
Current Residents from In-County	100	82. 7	1. 21	86. 1	1. 16	85. 3	1. 17	77. 0	1. 30	
Admissions from In-County, Still Residing	25. 9	19. 1	1. 35	17. 5	1. 48	21. 2	1. 22	20. 8	1. 24	
Admissions/Average Daily Census	165. 0	173. 2	0. 95	212. 2	0. 78	148. 4	1. 11	128. 9	1. 28	
Discharges/Average Daily Census	169. 9	173.8	0. 98	210. 1	0. 81	150. 4	1. 13	130. 0	1. 31	
Discharges To Private Residence/Average Daily Census	27. 2	71.5	0. 38	87. 3	0. 31	58. 0	0.47	52. 8	0. 52	
Residents Receiving Skilled Care	97. 0	92.8	1.04	93. 8	1.03	91. 7	1.06	85. 3	1. 14	
Residents Aged 65 and Older	86. 9	86. 6	1.00	94. 0	0. 92	91. 6	0. 95	87. 5	0. 99	
Title 19 (Medicaid) Funded Residents	78. 8	71. 1	1. 11	60. 5	1. 30	64. 4	1. 22	68. 7	1. 15	
Private Pay Funded Residents	9. 1	13. 9	0. 66	26. 1	0. 35	23.8	0. 38	22. 0	0. 41	
Developmentally Disabled Residents	0. 0	1. 3	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00	
Mentally Ill Residents	22. 2	32. 5	0. 68	27. 3	0. 81	32. 2	0. 69	33. 8	0. 66	
General Medical Service Residents	43. 4	20. 2	2. 15	27. 4	1. 59	23. 2	1.87	19. 4	2. 24	
Impaired ADL (Mean)	46. 5	52. 6	0. 88	51. 2	0. 91	51. 3	0. 91	49. 3	0. 94	
Psychological Problems	71. 7	48. 8	1.47	52. 4	1. 37	50. 5	1. 42	51. 9	1. 38	
Nursing Care Required (Mean)	7.4	7. 3	1. 02	6. 7	1. 11	7. 2	1. 03	7. 3	1. 02	